

**2006 SUMMER RESIDENTIAL GOVERNOR'S SCHOOL (SRGS)  
ACADEMIC AND MENTORSHIP APPLICATION**

<b>I attend</b>	<input type="checkbox"/> Public School	<input type="checkbox"/> Private School	<input type="checkbox"/> Home School
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**APPLICANT INFORMATION:** Provide **all** requested information.

Personal Information			
First Name		Date of Birth	
Middle Name		Nickname	
Last Name			
Home Address			
City		<b>Virginia</b>	ZIP (+4) <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
Home Telephone		Home e-mail	
High School Information			
High School			
School Address			
City/State/ZIP			
Telephone		Fax Number	
Public School Students Only			
Division Name		School Division DOE Code	

**DEMOGRAPHIC INFORMATION:** Place an **X** in the appropriate box.

Mark	Race/Ethnic Background	Mark	Gender
	Native Hawaiian		Female
	White (Not Hispanic)		Male
	Hispanic		
	Black (Not Hispanic)	Mark	Graduation Year
	Asian/Pacific Islander		2007
	American Indian/Alaskan Native		2008
	Unknown/Unspecified		

**PROGRAM CHOICE:** Mark only **one choice**.

Mark	Program	Mark	Program
	Agriculture (AG)		Math, Science, and Technology (MST)
	Humanities (HUM)		Engineering/NASA (NASA)
	Life Sciences and Medicine (LSM)		Marine Science/VIMS (VIMS)

**STUDENT STATEMENT:**

The decision to apply for Governor's School is my own. I want to participate fully in the program. If selected, I will abide by the regulations explained in the program descriptions and all other expectations provided by the program director. The responses contained in this application are my own work and are truthfully offered.

SIGNATURE OF APPLICANT

DATE

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**FOR OFFICIAL USE ONLY BY GIFTED EDUCATION COORDINATORS: Indicate student's score and rank.**

**Score** \_\_\_\_\_

**Rank** \_\_\_\_\_

**ALL APPLICANTS MUST COMPLETE INFORMATION ON THIS PAGE.****CAREER HIGHLIGHTS: ACTIVITIES, RESEARCH AND HONORS**

In the three sections that follow, list accomplishments that highlight positions of leadership or activities that take place/are completed outside the school curriculum. Higher scores will be awarded to activities/programs in which you hold a position of leadership, and to research, study, presentations, and competitions associated with extra-curricular clubs, community groups, national organizations, etc.

**Activities/Programs**

List the three most significant activities/programs in which you have participated **during the past three years that relate to your area of interest**. Include the name of the organization, sponsoring agency, or group. Also, describe the time involved and any leadership position you have held. Under "Year" indicate the calendar year of the training or activity. If you need more space, attach a second sheet. Please explain any acronyms that you use.

Activity and Organization	Position Held	Time Involved	Year
<i>Example:</i> <i>Mu Alpha Theta</i>	<i>Vice President</i>	<i>6 hours/week</i>	<i>2005</i>
1.			
2.			
3.			

**Research/Study Experiences**

List the three most significant research/study experiences you have had **in the past three years that relate to your area of interest**. Make sure you include the name of any group, organization, or individual with whom you studied. Students applying for NASA or VIMS should indicate their participation in scientific research activities, such as Virginia Junior Academy of Science (VJAS) or the International Science/Engineering Fair (ISEF). If you need more space, attach a second sheet.

Study/Brief Description	Teacher	Organization	Time
<i>Example:</i> VJAS project to consider the consequences of fertilizer run-off on the New River	<i>John Logan,</i> <i>Biology</i>	<i>Blacksburg HS</i>	<i>2 semesters,</i> <i>2004-05</i>
1.			
2.			
3.			

**Honors/Recognitions**

In this section, please list the three **most significant honors/recognitions you have received during the last three years in your area of interest**.

Honor/Recognition	Level of Competition – Regional, State, National, International	Year
<i>Example:</i> <i>Distinguished Scholar, Essex County Kiwanis Club</i>	<i>Local</i>	<i>2004</i>
1.		
2.		
3.		

**ALL APPLICANTS MUST COMPLETE INFORMATION ON THIS PAGE.****ACADEMIC SPEECH/ESSAY TOPIC**

Students must answer one of the questions indicated below. The speech/essay should be 300-500 words (approximately two pages of double-spaced 12-point type, with a 1" margin on each side). Include your name in the upper right-hand corner of each page of the speech/essay. Students are asked to number the pages 3a and 3b and place them in the final academic application after this page. Students should review the rubric on this page and consider each of the areas carefully as they proofread and edit their speeches/essays. Students may seek advice from appropriate teachers as they draft and revise their speeches/essays.

Composition	1	2	3	4
Central Idea	Missing	Unclear	Weak	Strong
Elaboration	Unclear	Seldom	Some	Appropriate
Organization	Lacking	Random	Lapses	Logical
Unity	Absent	Many digressions	Some digression	Unified
Voice	Silent	Absent	Weak	Controlled
Mechanics	0	1	2	
Sentence Structure	Weak	Some variety	Varied	
Usage	Incorrect	Some incorrect	Consistently correct	
Mechanics	Incorrect	Some incorrect	Consistently correct	

Based on the *Virginia Standards of Learning Writing Test Assessment Rubric*

**SPEECH/ESSAY PROMPTS**

1. As the United States representative to an international council, you have the unique opportunity to speak before the council as it drafts a strategic plan to address major problems confronting humanity in the 21<sup>st</sup> century. As the first speaker, your speech may well set the tone for the direction of the international strategic plan. (1) What do you see as the most critical problem/issue facing humanity, and why do you consider this so important? (2) Briefly describe how you would recommend the council approach the problem. (3) Present your case and reasoning to encourage the council to place its attention on your critical issue first in its strategic plan.
2. H.L. Mencken, noted 20<sup>th</sup> century author and newspaper columnist, once remarked, "For every human problem, there is a neat, simple solution; and it is always wrong." Choose one contemporary problem/situation and argue the merit or the inaccuracy/inadequacy of Mencken's observation. If you believe Mencken was wrong, offer your own maxim and support your statement with evidence.
3. The explosion of technology in our world has brought benefits and challenges. Identify what you consider to be the greatest technological innovation in the past decade, and describe how this innovation has both benefited and challenged humanity. Using evidence, indicate how the challenges you have described could be overcome to increase the benefits to mankind.

Applicant's Full Name	
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**NASA, VIMS, AND LSM APPLICANTS MUST COMPLETE INFORMATION  
ON THIS PAGE ONLY.**

**STUDENTS ACCEPTING PLACEMENT IN THESE PROGRAMS MUST HAVE ACCESS TO A PERSONAL  
COMPUTER FOR USE DURING THESE PROGRAMS.**

Final selection of mentorship participants is made by the program and/or site directors and is based on the strength of the application, program needs, and the availability of mentors.

Please indicate if you have worked with a mentor during your high school experience. ☐ Yes ☐ No

With whom do/did you work?	
Where do/did you work?	
For how long have you worked with this mentor?	

**NASA Program** - Indicate your **first and second areas of interest** in the space below. Students must be 16 years of age by June 25, 2006, and be a citizen of the United States.

Rank	Mentorship Focus	Rank	Mentorship Focus
	Aeronautical Engineering		Materials Science
	Computer Science		Mechanical Engineering
	Electrical Engineering		

**VIMS Program** - Indicate your **first and second areas of interest** in the space below.

Rank	Mentorship Focus
	Biological Oceanography/Fisheries Science
	Chemical Oceanography
	Geological Oceanography
	Physical Oceanography
	Wetlands Ecology, Environmental Science, Coastal Law, Marine Resource Management, Advisory Services

**Mentorship Statement to be completed by Mentorship (NASA/VIMS) Applicants**

Write a brief statement describing what you hope to acquire through this mentorship experience. Indicate special interests or projects including those for VJAS or ISEF in which you have participated. Please indicate topics or questions that you would like to have an opportunity to research. Attach your answer behind this sheet. This information will be used by the program director to place you with the most appropriate mentor.

**Governor's School for Life Sciences and Medicine (LSM) Applicants**

Participants will be working in mentorship teams, assembled around students' clinical and research interests. This information is used to match students with individual researchers or clinicians for short-term areas of concentration experiences. Please indicate your first, second, and third choices for your clinical and your basic research.

Rank	Clinical Experience	Rank	Basic Research Experience
	Emergency medicine		Bioinformatics
	Infectious disease		Biotechnology
	Internal medicine		Ecology/environmental life sciences
	Oncology		Forensic sciences
	Psychiatry		Molecular and cellular biology
	Surgery		Proteomics

Applicant's Full Name	
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**ALL APPLICANTS AND PARENT/GUARDIAN MUST COMPLETE INFORMATION ON THIS PAGE.**

**APPLICANT AND PARENT/GUARDIAN ASSURANCES**

I, the parent/guardian of, permit my son/daughter, if selected, to participate in the 2006 Summer Residential Governor's School. I realize that transportation to and from the Governor's School and money (approximately \$40-50 per week) for personal expenses must be provided by the participants. I understand that if selected for the program, he/she will abide by the guidelines and expectations set forth for the school. I further accept that I have been duly informed that LEAVES OF ABSENCE from these programs are allowed only for SEVERE CASES OF MEDICAL AND/OR FAMILY EMERGENCIES. Medical and family emergencies include major illness, hospitalization, or death of an immediate family member or guardian. I understand that failure to participate in the programs, or unwillingness to abide by the guidelines and expectations, may be just cause for immediate dismissal of any participant who commits such an infraction. I grant permission for a transcript of my son's or daughter's secondary school record to be sent to the public school, public school division, or private school regional selection committee and to the VDOE or the Governor's School director, if requested. I give permission for my son/daughter to participate in all officially recognized Governor's School activities.

**SIGNATURE OF PARENT/GUARDIAN**

**DATE**

Both student and parent/guardian must initial after having read the following assurances. These constitute the expectations that will be held for students who accept invitations to the Summer Residential Governor's School program.

Student Initials	Parent or Guardian Initials	
		I understand that leaves of absence are granted ONLY in the case of medical or family emergencies as described above. Invitees are expected to arrive at the site by the opening ceremony, indicated in the 2006 Student and Parent Guide for Academic Governor's Schools, and remain at the site through the closing ceremony.
		I understand that the programs require concerted academic focus, preparation, and motivation from all invitees and that invitees are expected to demonstrate the emotional maturity and self-discipline to participate in the activities and to demonstrate respect for self, others, program, and school.
		I understand that invitees will be expected to follow the guidelines and expectations, outlined in the 2006 Student and Parent Guide for Academic Governor's Schools, and any other instructions provided by the program director. These guidelines and expectations have been thoroughly read and are understood.
		I understand that each nominee and division gifted education coordinator/private school regional coordinator will be mailed acceptance and alternate information mid-April 2006, and that no information will be available before that date.
		I understand that possession or use of controlled substances such as tobacco, alcohol, or non-prescription drugs will result in invitee's immediate dismissal from the program and that invitees are also subject to any disciplinary action that the sponsoring school division or private school chooses to invoke.
		I understand that previous attendees of any Summer Residential Governor's School program (including Governor's Foreign Language Academies) may not apply for or participate in the Summer Residential Governor's School program; and I am not applying for a 2006 Governor's Foreign Language Academy.
		I certify that these are my truthful responses to these assurances.

Applicant's Full Name	
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**ALL APPLICANTS MUST COMPLETE INFORMATION ON THIS PAGE.**

**GIVE THIS SHEET TO THE TEACHER FROM WHOM YOU ARE REQUESTING A RECOMMENDATION.**

**ACADEMIC TEACHER RECOMMENDATION A**

Teacher's Name	
SRGS Program Area	
Completed Form Returned To	
Completed Form Returned By	

I would appreciate your recommendation for the indicated 2006 Summer Residential Governor's School program. The application requires that **Academic Teacher Recommendation A** be obtained from a content area teacher directly related to the program for which I am applying. There are two required parts to the recommendation: a rating scale and a narrative are required from each teacher.

**Instructions for the Academic Teacher Recommendation A Rating Scale**

All information and needed forms to complete **Academic Teacher Recommendation A** are located at the following Web site:

**[www.doe.virginia.gov/VDOE/Instruction/Govschools/SRGS](http://www.doe.virginia.gov/VDOE/Instruction/Govschools/SRGS)**.

Please save **Academic Teacher Recommendation A** to your computer and close the Web site. Open the document using Microsoft Excel® and insert the student's name next to "Applicant's Full Name" at the top, right corner of the document. Using the Excel application, you will be able to enter data in the cell across from each characteristic.

**Instructions for the Completing the Academic Teacher Recommendation A Narrative**

Please type and double space your recommendation on school letterhead. Be sure to include your telephone number and e-mail address. Please limit your response to one page. Sign and date the teacher narrative and attach it to the printed and signed copy of your completed rating scale.

Students selected for the SRGS program must have the following characteristics: Ability to work cooperatively and meaningfully in groups; openness to new and diverse situations; goals for academic growth; creativity; and intellectual and social maturity. Using specific examples from your work with this student, please address how the student demonstrates these qualities.

**PLEASE DO NOT INCLUDE THIS PAGE IN THE FINAL APPLICATION.**

Applicant's Full Name	
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**ALL APPLICANTS MUST COMPLETE INFORMATION ON THIS PAGE.**

**GIVE THIS SHEET TO THE TEACHER FROM WHOM YOU ARE REQUESTING A RECOMMENDATION.**

**ACADEMIC TEACHER RECOMMENDATION B**

Teacher's Name	
SRGS Program Area	
Completed Form Returned To	
Completed Form Returned By	

I would appreciate your recommendation for the indicated 2006 Summer Residential Governor's School program. The application indicates that **Academic Teacher Recommendation B** may be obtained from any teacher, adult, or program sponsor I choose. There are two required parts to the recommendation: a rating scale and a narrative are required from each teacher.

**Instructions for the Academic Teacher Recommendation B Rating Scale**

All information and needed forms to complete **Academic Teacher Recommendation B** are located at the following Web site:

[www.doe.virginia.gov/VDOE/Instruction/Govschools/SRGS](http://www.doe.virginia.gov/VDOE/Instruction/Govschools/SRGS).

Please save **Academic Teacher Recommendation B** to your computer and close the Web site. Open the document using Microsoft Excel® and insert the student's name next to "Applicant's Full Name" at the top, right corner of the document. Using the Excel application, you will be able to enter data in the cell next to each characteristic.

**Instructions for the Academic Teacher Recommendation B Narrative**

Please type and double space your recommendation on school, organization, or personal letterhead. Be sure to include your telephone number and e-mail address. Please limit your response to one page. Sign and date the teacher narrative and attach it to the printed and signed copy of your completed rating scale.

Students selected for the SRGS program must have the following characteristics: Ability to work cooperatively and meaningfully in groups; openness to new and diverse situation; goals for academic growth; creativity; and intellectual and social maturity. Using specific examples from your work with this student, please address how the student demonstrates these qualities.

**PLEASE DO NOT INCLUDE THIS PAGE IN THE FINAL APPLICATION.**

Applicant's Full Name	
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**INFORMATION ON THIS PAGE MUST BE COMPLETED BY ALL APPLICANTS AND PROVIDED TO THE HIGH SCHOOL GUIDANCE OFFICE AS SOON AS POSSIBLE.**

**SIGNATURES AND SCORES INFORMATION PAGE**

I am applying for the 2006 Summer Residential Program for \_ \_\_\_\_\_ *(insert program name).*

I have asked the following teachers to complete recommendations for me:

Teacher A	Name	Phone
Teacher B	Name	Phone
Recommendations Due By		
Student Completed Pages (ACAD 1-5) Due By		

I have asked these teachers to complete the information available on the Web site and provide it to the guidance office by the date indicated above. I understand that I must complete pages ACAD 1-5 and return them to the guidance office by the date indicated above.

Please complete the signatures page and the scores page to include in my application. The Microsoft Excel® documents are available at the following Web site:

[www.doe.virginia.gov/VDOE/Instruction/Govschools/SRGS](http://www.doe.virginia.gov/VDOE/Instruction/Govschools/SRGS)

Thank you for your support with my application.

**PLEASE DO NOT INCLUDE THIS PAGE AS PART OF THE FINAL APPLICATION.**